

SOUND BODY, SOUND MIND:
A MUSIC THERAPY PROGRAM PROPOSAL FOR MONTE NIDO EATING DISORDER
TREATMENT CENTER

By

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Summary Statement

The following is a proposal for the addition of a music therapy program for the partial hospitalization program at Monte Nido Eating Disorder Center in Manhattan, New York. Eating disorders can have a devastating impact on a person's mental, physical, and emotional health. This proposal explains the benefits of implementing a music therapy program for clients recovering from eating disorders. The addition of a music therapy program can allow for new opportunities for clients to express their needs, form an identity beyond their eating disorder, relieve symptoms associated with their eating disorders, and explore their emotions in a creative outlet.

This proposal outlines the clinical needs of clients with eating disorders, what services would be provided, treatment methodologies, budgetary concerns, documentation, and projected outcomes. The objective of this proposal is to explore and present the benefits music therapy can provide for clients with eating disorders. The inclusion of a music therapy program will provide further support of Monte Nido's commitment to quality of care and attention to the benefits of an interdisciplinary team.

Statement of Need

Monte Nido provides multidisciplinary treatment for individuals living with eating disorders. The program offers highly individualized and informed care to individuals regardless of race, gender, gender identity, ethnicity, or religion. Monte Nido strives to work towards repairing the physical health of clients. This includes nutritional care, implementation of healthy eating and exercise, elimination of maladaptive coping mechanisms, and development of motivation towards recovery from eating disorders (Monte Nido, 2020). Music therapists can

support Monte Nido's treatment program by facilitating group programs such as music and movement, and music-facilitated stress management. Additionally, individual and group music therapy programs designed to meet individual client needs may focus on coping skills, resilience, and emotional regulation.

Music therapists strive to create personalized treatment plans that assist clients develop a healthy lifestyle. Music therapists can support psychoeducational goals in addition to emotional, physical, mental, and wellness goals. Wellness goals can be implemented by teaching clients how to use music for movement, to accompany exercise, facilitate relaxation and promote sleep.

Eating disorders affect individuals regardless of age, race, ethnicity, gender, sexual orientation, ability, or socioeconomic status. Stereotypes about eating disorders may further perpetuate the stigma for individuals getting preventative care (Tileston, 2012). Psychological characteristics such as rigidity or lability and behaviors of bingeing, purging, and restricting are viewed as dysfunctional coping mechanisms. Treatment should focus on helping individuals with eating disorders develop healthy coping skills and address the underlying needs leading to maladaptive coping mechanisms (Tileston, 2012).

Clinical reports and research studies suggest that music therapy may be an effective form of treatment for people with eating disorders (Bibb et al., 2019; Heiderscheit, 2015; Pasiali et al., 2020). Appendix A provides a complete list of literature. Findings from these studies suggest that receptive, compositional, and improvisational music therapy methods may lessen symptoms of depression and anxiety, facilitate opportunities for identity development, allow for emotional expression, and foster a mind-body connection. Music therapy methods have been utilized with clients who have trouble processing their feelings verbally as they provide creative outlets in

order to process emotions. Recovery from an eating disorder can cause repressed and difficult feelings to surface. The experience of making music in a group setting can allow clients to express their frustrations, and eventually lead to a cohesive sound that every group member has contributed to (Loth, 2002). Music therapy can allow clients the space to express themselves through the music, and to process what had happened through what they had just played (Loth, 2002).

The information provided by the client in music therapy sessions can also be brought to the treatment team to help provide a fuller understanding of the client (Bobilin, 2008). According to Tileston (2012), “People who struggle with eating disorders are often extremely creative, talented, intelligent, and resourceful. They have had to be, in order to survive and to maintain their eating disorder” (p. 406). Having a creative outlet may increase the opportunities for a client to express their emotions and share details of their life that may not have been shared under different modalities of treatment.

Definition of Music Therapy

The American Music Therapy Association defines music therapy as an established health profession in which music is used within a therapeutic relationship to address the physical, emotional, cognitive, and social needs of individuals (AMTA, 2020a). Music has been used to facilitate communication and healing since the beginning of time. In the United States, live music was observed to influence the mood and motivation of veterans. This observation led to the development of music therapy as an organized profession. In 1950, the first United States music therapy association was formed and the profession began to expand globally (Wheeler, 2015). Since that time, music therapy curricula have been developed and refined, new clinical

practices have been developed, and research into the efficacy of music therapy continues to grow.

Currently music therapists work in over 33 different healthcare and educational settings including, but not limited to, psychiatric hospitals, rehabilitative facilities, medical hospitals, outpatient treatment centers, agencies serving developmentally disabled persons, community mental health centers, drug and alcohol programs, nursing homes, correctional facilities, schools, private practice, and treatment centers for eating disorders (AMTA, 2020b). Music therapists also work with diverse client groups which include, but are not limited to adults and children with: autism, developmental, physical and intellectual disabilities, substance abuse, neurological trauma, psychiatric disorders, dementia, medical conditions, and eating disorders (AMTA, 2020b).

The qualifications of a music therapist include the completion of an approved music therapy program, which includes 1,200 hours of clinical training, and sitting for the Certification Board for Music Therapists (CBMT) (AMTA, 2020d). Individuals who pass the exam are then considered to be Board-Certified Music Therapists (MT-BC) (Wheeler, 2015). In New York State, music therapists who wish to practice music psychotherapy must become a licensed creative arts therapist (LCAT) (Wheeler, 2015).

Theoretical Orientations

Monte Nido conceptualizes each client as a whole person and assists them in creating their own treatment plan and weekly contracts (Monte Nido, 2020). Monte Nido strives to meet the client where they are, work with the client to understand their eating disorder, practice without judgment, and form an authentic relationship with each client. Monte Nido incorporates

evidence-based practices such as Cognitive-Behavioral Therapy (CBT) and Dialectical-Behavioral Therapy (DBT) into their treatment approach.

Music therapists work from a variety of theoretical orientations including behavioral, cognitive-behavioral, humanistic/person-centered, and psychodynamic (Wheeler, 2015). I practice music therapy from humanistic/person-centered and psychodynamic theories. In humanistic music therapy, the therapeutic relationship is not just an aspect, it is the therapy and the main basis of change (Abrams, 2015). Humanism focuses on the client as a person, rather than defined by their illness. This orientation values collaboration with the client in all aspects of treatment, including the creation of an individualized treatment plan (Abrams, 2015).

Psychodynamic theories focus on the importance of the client's past experiences in the present (Isenberg, 2015). Incorporating elements of psychodynamic theories into music therapy can allow for an in-depth experience that may uncover what has led to the client's eating disorder. Isenberg (2015) expressed the salience that the unconscious has over behaviors, thoughts, and feelings for both the therapist and the client and how this plays an important role in music therapy.

A person-centered and psychodynamic approach can complement the progress made in DBT and CBT treatment. This approach to music therapy can provide a greater integration of insight and understanding in the clients in conjunction with CBT and DBT. An important aspect in DBT is the use of the four core skills: mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness (Lineham, 1993). Music therapy experiences can help clients work on these core skills while also focusing on their lived experience and how it impacts their recovery (Chwalek & McKinney, 2015).

Trauma-Informed Approach

It is important to note that many clients with eating disorders may struggle with trauma alongside their eating disorder. Individuals with eating disorders have significantly higher rates of trauma in both men and women in comparison to individuals without eating disorders (Mitchell et al., 2012). Practicing through the lens of trauma-informed care allows the clinician to realize the impact of trauma, value potential pathways towards recovery, recognize the symptoms/signs of trauma in patients, families, staff, and others involved with the system, respond to integrating trauma information into policies and procedures, and seek to avoid re-traumatization (Brewerton, 2019). A trauma-informed approach “understands that several factors may interfere with the ‘processing’ of traumatic material in the traumatized ED patient with PTSD and related comorbidity” (Brewerton, 2019, p.454). Trauma is present in many clients with eating disorders and must be considered when creating a treatment plan and determining if a client is indicated for music therapy.

Literature Review

Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses. Research suggests that participation in music therapy may result in positive changes in a client’s well-being. In relation to treatment of eating disorders, music therapy may be utilized to relieve post-meal anxiety (Bibb et al., 2015; Bibb et al., 2019), build self-confidence (Hilliard, 2001; Lejonclou & Trondalen, 2009; McFerran-Skewes, 2000; Robarts & Sloboda, 1994), increase self-expression (Heiderscheit, 2015; Loth, 2002; Pasiali et al., 2020; Robarts & Sloboda, 1994; Rolvsjord, 2005; Sloboda, 1993), connect the body and the mind (Justice, 1994; Lejonclou & Trondalen, 2009),

increase interpersonal relationships (Bibb et al., 2015; Bibb et al., 2019; Gee et al., 2019; Loth, 2002; Preyde et al., 2015), and to form an identity (Lejonclou & Trondalen, 2009; Loth, 2002; Pasiali et al., 2020; Sloboda, 1993).

Defining Eating Disorders

The DSM-5 (American Psychiatric Association [APA], 2013) defines eating disorders as a “persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning”. They are “serious but treatable mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights” (National Eating Disorder Association, 2018).

APA (2013) has categorized eating disorders into six diagnoses: pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, and binge eating disorder (BED). Each eating disorder has strict diagnostic criteria that must be met in order to be diagnosed. An individual may be diagnosed with an eating disorder not otherwise specified if they are suffering from some symptoms or characteristics of one eating disorder, but does not meet the full diagnostic criteria for a diagnosis (APA, 2013). The most commonly diagnosed eating disorders are anorexia nervosa, bulimia nervosa, and BED (National Institute of Mental Health, 2020). Each eating disorder has varying diagnostic criteria but share similar comorbidities.

Eating Disorders and Comorbidities

Deloitte Access Economics (2020) calculated that an individual with an eating disorder has an average of 2.2 comorbidities. Common psychiatric comorbidities found in eating disorders are bipolar disorder, anxiety disorders, substance abuse, and depressive disorders (APA, 2013). A substantial percentage of individuals with bulimia nervosa also may have personality features that meet criteria for one or more personality disorders, most frequently borderline personality disorder (APA, 2013).

Eating disorders can lead to abnormalities in the cardiovascular system, gastrointestinal system, endocrine system, reproductive system, neurological system, hematological and immune system, as well as dermatology, dental, metabolic, renal and electrolyte imbalances (Pomeroy & Mitchell, 2002; Wassenaar et al., 2019). Cardiovascular disease and infertility seem to be the most common comorbidities found in individuals with eating disorders (Pomeroy & Mitchell, 2002; Wassenaar et al., 2019).

Eating Disorder Risks

It is estimated that 8.75% of Americans will have an eating disorder (ED) in their lifetime (Deloitte Access Economics, 2020). Twenty-one million people are currently diagnosed with an eating disorder. It was predicted that 7.8 million Americans alive in 2018-19 would develop an eating disorder in the future. Approximately 1.9 million diagnoses occur in children and adolescents (Deloitte Access Economics, 2020). Individuals with eating disorders and substance use disorders have the highest rate of mortality as compared to those with other mental disorders (Chesney et al., 2014).

Music Therapy Methods and Eating Disorders

Music therapists use a variety of music therapy methods in both individual and group settings to address the physical, cognitive, and emotional needs of individuals diagnosed with an eating disorder. The results of research studies and clinical reports are promising and provide support for the inclusion of music therapy within the overall treatment of eating disorders

Receptive Methods and Eating Disorders

Receptive methods in music therapy involve the client listening to music and responding to the experience silently, verbally, or in another modality (Bruscia, 2014). Clinical research studies and reports suggest that receptive music therapy methods such as self-listening (Trondalen, 2003), music-assisted relaxation (Hilliard, 2001), music and movement (Hilliard, 2001), unguided music imaging (Hilliard, 2001), therapeutic playlists (Heiderscheit & Madson, 2015), the Bonny Method of Guided Imagery (Heiderscheit, 2015), and song discussion (Punch, 2015) have been found to be effective in aiding various symptoms, comorbidities, and goals for people with eating disorders.

Trondalen (2003) explained the use of self-listening in individual music therapy sessions with a woman diagnosed with anorexia nervosa. The client was instructed to actively improvise in music therapy sessions and then to listen back to her music-making. The client was asked to recall and recognize musical, bodily, and relational memories of feelings through self-listening. This case study demonstrated that self-listening to improvisations created in the music therapy session aided the client in emotional regulation. The client was able to get in contact with the positive feelings she experienced in the active improvisation during the self-listening experience. Individuals with eating disorders often struggle with forming positive connections with

themselves and through their bodies. The client was able to create positive interactions between herself and her music experience through music therapy.

Hilliard (2001) described a cognitive behavioral music therapy program which he implemented at a residential treatment facility for eating disorders. The design followed three stages of treatment: The first step of treatment began with behavioral changes, the second step was addressing cognitive issues, and the last step involved relapse prevention and healthy coping skills. Each stage had a set of goals that the music therapist had outlined throughout the treatment process. The program primarily incorporated the use of receptive music therapy methods such as music assisted relaxation, music and movement, and unguided music imaging to reduce the anxiety and stress associated with food and eating for individuals with eating disorders. He noted that music therapy seemed to be more important at the beginning stages of treatment which involved behavioral change.

Heiderscheit and Madson (2015) described their use of therapeutic playlists to modulate mood with a female client diagnosed with an eating disorder not otherwise specified, major depressive disorder, and generalized anxiety disorder. The client was severely depressed which made it difficult to actively participate in her treatment and recovery. The treatment goals focused on providing resources the client could use to manage her emotions through her medicinal change. The purpose of the playlist was to help ease the symptoms of her depression during her medical transition so she could continue to work on her treatment for her eating disorder.

Heiderscheit (2015) described the use of the Bonny Method of Guided Imagery in Music with a woman receiving treatment in a residential center for her eating disorder. The primary

goal was to help the client process and express her thoughts and feelings surrounding her traumatic memories and experiences. The client was able to identify symbols and images that resonated with her traumatic experiences throughout each session. These imaging sessions gave the client the opportunity to connect her emotions to those experiences which were empowering. One of her sessions led to the realization that she was using her eating disorder as a distraction from her past, her physical, mental, and sexual abuse she had endured, and her overall emotions and feelings. The client was able to move forward and release some of her emotional pain because the music therapist allowed space for the client to revisit her past trauma through images and symbols in a safe environment.

Punch (2015) discussed her work with a young female with anorexia nervosa. The sessions focused mainly on the use of song discussion in efforts to express her emotions and increase her motivation for recovery. She noted the importance of allowing clients to offer their interpretation of song lyrics as it increased a sense of autonomy. Perception of control, or lack thereof, is often a theme for people with eating disorders. Providing a space for clients to build their sense of independence may give them new skills to battle certain symptoms of their disorder. Song discussion can benefit clients, especially adolescents in creating a space where they can express themselves and be empowered to articulate their emotions.

Improvisational Methods and Eating Disorders

Improvisational methods in music therapy involve the client making up music while playing or singing, creating a melody, rhythm, song, or instrumental piece (Bruscia, 2014). Clinical case studies and reports suggest that improvisational music therapy methods such as free improvisation (Robarts & Sloboda, 1994; Sloboda, 1993) and improvisational role play (Pasiali

et al., 2020) have been effective in allowing clients with eating disorders the space to express themselves, recognize their emotions, and explore their identities (Pasiali, 2020; Robarts & Sloboda, 1994; Sloboda, 1993).

Many people with eating disorders will look for new coping mechanisms when they are in recovery and stop engaging in their eating disorder behaviors. Sloboda (1993) described how she implemented free improvisation with a man diagnosed with anorexia nervosa and bulimia nervosa. Treatment goals included building trust and self-confidence, exploring family relationships, acknowledging and expressing negative feelings, and developing self-awareness and self-acceptance. Improvisations started quietly and softly or with an agitated beat and an inability to slow down the music. He was only able to play when the music therapist was supporting him with the piano. He started to confront his inner bully as sessions progressed and he was at a more stable weight. He began looking for something else to relieve his tension as his symptoms of bingeing and purging had come to a halt. The client was eventually able to be vulnerable and tolerate music therapy sessions for a longer period of time. This transferred in his ability to show vulnerability to his family and communicate freely. He was able to identify his feelings and express what was happening in and out of the music towards the end of his treatment.

Robarts and Sloboda (1994) reported on the use of free improvisation with two women diagnosed with anorexia nervosa. Both clients had difficulty expressing their feelings in the beginning of treatment and had an unhealthy relationship with their bodies. The first client started her initial assessment relaying information that resembled a sense of denial of her eating disorder. Her beginning sessions were primarily verbal. She began to play what her

eating-disordered self sounded like once musical improvisation was introduced. The client was eventually able to recognize through the music that her control towards her food intake was related to her father dying at a young age. The second client showed little interest in musical instruments and was very withdrawn in the initial session. The client became more receptive to the idea of spontaneous play when the music therapist explored the theme of regressed play. She began to break away from her compulsions and have a healthier relationship with food when she was given the ability to control her song choices. Both clients benefited from exploring their past experiences through the music and had realizations that led them away from relying on their eating disorder.

Pasiali et al. (2020) reported on the use of improvisational role play as a means of exploring different aspects of identity with four females diagnosed with bulimia nervosa. Each group member was asked to write aspects of their identity on a piece of paper. Examples of such included happiness, compassion, anxiety, and bulimia. A volunteer was then chosen to be the lead member and share aspects of their identity. The leader was told to act like themselves in the music while other group members were given an aspect of the group leader's identity. Treatment goals included group cohesion, emotional cognizance, and challenging negative thoughts. Improvisational role play served as a springboard for verbal discussion of how much power each of those roles played in the music.

Compositional Methods and Eating Disorders

Compositional methods in music therapy involve the therapist helping a client write songs, lyrics, or instrumental pieces or to create any kind of musical product, such as music videos or audiotapes (Bruscia, 2014). McFerran et al. (2006) completed a thematic analysis of

song lyrics written by adolescents with eating disorders. Lyrical themes that came up included identity, relationships, aspirations, reference to disorder and its impact on emotional awareness, and seeking emotional support. Songwriting in music therapy gave participants the opportunity to explore themes that they struggled with and had not yet explored in other modes of treatment. Results suggest that the use of songwriting is an effective form of treatment for clients with eating disorders.

Multiple Methods and Eating Disorders

Clinical case studies and descriptive papers demonstrate the ways in which music therapists incorporate more than one of the above mentioned methods in music therapy treatment. Lejonclou and Trondalen (2009) presented two case studies that focused on individual music therapy with two women recovering from eating disorders. One woman was diagnosed with anorexia nervosa and the other was diagnosed with bulimia nervosa. Music therapy methods included music and movement, songwriting, and improvisation. The client diagnosed with anorexia remained quiet and avoided eye contact with the therapist in the initial phase of treatment. She slowly began bringing in melodies and poems that she had written as time progressed. She began to sing louder and with more confidence which helped her come to the realization that she was unhappy with her body image. She was able to acquire a new sense of self-confidence and had positive links towards her feelings and her body image towards the end of her treatment. The client with bulimia began the initial phases of music therapy by sharing her experiences of childhood abuse and having to be her mother's caregiver. She was able to receive the support she needed as a child through various instruments, sounds, melodies,

recorded music, and movement. These music experiences helped her repair her relationship with her body and gave her an opportunity to create an identity separate from her mother.

Justice (1994) described music therapy methods that were utilized in an inpatient setting for people with eating disorders. Music therapy methods such as progressive muscle relaxation, breathing exercises, directed imagery, music and movement, handbells and choir chimes, and singing were explored to measure the effectiveness of music therapy on connecting the body to the mind and relieving anxiety. Justice focused on the importance of clients having resources from music therapy to use when transferring to an outpatient setting.

Loth (2002) described her work on group music therapy in adults with anorexia and bulimia in an inpatient setting. Treatment goals included increasing interpersonal relationships, emotional expression, and identity formation. Music therapy served as a way for group members to express themselves and their feelings. Sessions began with random sounds that built into chaotic loud playing between group members. There was very little interaction between members. Clients with eating disorders may have difficulties participating in music therapy due to perfectionistic tendencies and resistance towards expressing themselves outwardly. There was a shift in the group when the music therapist asked the question of what would happen if group members went beyond banging the instruments through their frustration. Members started to listen to one another and realized they liked becoming aware of others. Music was used as a defense for the clients to rely on instead of seeming vulnerable to one another. It was the job of the music therapist to provide a space where they could express their emotions and challenge their defense systems.

Music Therapy and Mealtime. Individuals with eating disorders may have anxiety surrounding meal time. Meal time can evoke negative feelings and emotions in connection to their unhealthy relationship to food. The anxiety surrounding mealtime may hinder a client's ability to work through their issues surrounding food and their overall consumption. Bibb et al. (2015) and Bibb et al. (2019) understood the need for music therapy following meal time to release some of the depressive and anxiety symptoms clients may have after eating.

Bibb et al. (2015) investigated the effects of group music therapy in relieving and reducing anxiety and post-meal distress. Eighteen patients in an inpatient eating disorder program participated in the study. Each participant attended a post-meal music therapy group two times per week (experimental condition) and post-meal support group three times per week (control condition). Participants were trained in the use of the Subjective Units of Distress Scale (SUDS) which is a self-report tool measuring the subjective intensity of distress or anxiety currently experienced by a participant. The SUDS scale which was administered prior to and at the end of each group session. Results indicated a significant decrease in the post-group SUDS score for both conditions with a larger decrease reported by participants after music therapy.

Bibb et al. (2019) conducted a study examining the effect of group music therapy on self-reported post-meal related anxiety for people with eating disorders who participated in a social eating challenge. Thirteen women with eating disorders who were attending a day program participated in the study. Each participant was instructed on how to use Subjective Units of Distress Scale (SUDS) in order to self-report their anxiety. One hour group music therapy sessions were held following the social eating challenge each week led by a credentialed music therapist. Results found that there was a statistically significant decrease in anxiety after music

therapy. Authors also noted that the effective use of music therapy methods to treat and reduce anxiety may lead to less need for pharmacological interventions.

Music Therapy and Related Disorders

There is a paucity of research in the effectiveness of music therapy and eating disorders, and much of the published research are case studies. Research suggests that the use of music therapy for eating disorders can alleviate anxiety and depression symptoms (Bibb et al., 2015; Bibb et al., 2019), aid in identity formation (Pasiali et al., 2020), connect the body and mind (Heiderscheit, 2015), regulate emotions (Heiderscheit, 2015), and express feelings (Pasiali et al., 2020; Heiderscheit, 2015). See Appendix A for more examples. Research suggests that music therapy methods are effective for other disorders that often accompany eating disorders such as anxiety disorders (Flores Gutiérrez & Terán Camarena, 2015; Summer, 2010), post-traumatic stress disorder (PTSD) (Beck et al. 2018), depression (Gee et al., 2019; Summer, 2010), adolescents that have issues with emotional regulation (Uhlig et al., 2018), individuals with trauma (Rolvsjord, 2005), substance use disorders (Gardstrom et al., 2013; Gardstrom & Diestelkamp, 2013), bereavement in children (McFerran-Skewes, 2000), and general mental health issues (Preyde et al., 2015; Solli & Rolvsjord, 2015; Wen-Ying et al., 1998). This may suggest that the use of music therapy may also be effective for clients with eating disorders who also experience anxiety or have a comorbid disorder.

Receptive Methods and Related Disorders

Clinical studies and reports suggest that the use of receptive music therapy methods such as guided imagery may aid clients with PTSD with emotional regulation (Beck et al., 2018), depression. Additionally, clients with obsessive compulsive disorder (OCD), may learn how to

recognize maladaptive symptoms, relieve anxiety, and confront their feelings (Summer, 2010). This may suggest that the use of guided imagery may also be effective for clients with eating disorders who also experience issues regarding emotional regulation, maladaptive symptoms, anxiety, and their feelings.

Beck et al. (2018) studied the effect of the Bonny Method of Guided Imagery and Music on clients with PTSD in regards to emotional regulation. Seventy participants were randomly assigned to either music therapy treatment (experimental condition) or standard verbal therapy treatment (control condition) for 16 sessions at various outpatient trauma clinics for refugees. Significant changes in trauma symptoms, well-being, and sleep patterns showed a significant improvement in experimental group participants as compared to participants in the control group.

Summer (2010) described the use of the Bonny Method of Guided Imagery with a man diagnosed with depression and OCD. Treatment goals included addressing the clients depressive symptoms, confronting his feelings, and providing relief for his anxiety symptoms. The client was eventually able to get in touch with positive feelings and confront his parents' abuse, and recognize his depressive symptoms and how to handle them when they resurface.

Compositional Methods and Related Disorders

Clinical reports and research studies suggest that the use of compositional music therapy methods such as *rap and sing music therapy (Rap&SingMT)* and song-writing may be effective with clients with varying mental health diagnoses that struggle with self-esteem (Uhlig et al., 2018), emotional regulation (Uhlig et al., 2018), emotional expression (Rolvjord, 2005), and identity formation (Gee et al., 2019; Rolvsjord, 2005). *Rap&SingMT* is the use of rap, instrumental music, singing, and vocalizations in order to elicit change in an individual's

behavior (Uhlig, 2011). It is reasonable to assume that *Rap&SingMT* and song writing may be effective for clients with eating disorders that have issues with their self-esteem, emotional regulation, emotional expression, identity formation, and coping mechanisms.

Uhlig et al. (2018) conducted a clinical study examining the effects of *Rap&SingMT* program with adolescents with emotional issues. One-hundred and ninety participants were randomly assigned to *Rap&SingMT* group (experimental condition) or a regular class activity (control condition). Both interventions were applied to six school classes once a week for four months. Standardized tests were used to evaluate psychological well-being. Results showed that there was a significant difference between groups in regards to well-being, self-esteem, and emotion regulation. It was reported that group members involved in music therapy were less likely to engage in problematic behaviors as the control group.

Gee et al. (2019) conducted a study examining the effects of songwriting on university students suffering from mental health issues. Sixty-eight participants were either assigned to a songwriting group (experimental condition) or waitlisted for the songwriting group (control condition). The study included recording two songs over the course of five weeks. Pre and post test measures included the Hospital Anxiety and Depression Scales (HADS-D, HADS-A), the Four-Item Measure of Social Identification (FISI), the Social Phobia Inventory (SPIN), and the Meaningfulness of Songwriting (MSS) and measured through pre and post test. Results showed that the songwriting group had significantly lower scores in depression (HAD-D) and higher scores in their social connections (FISI) scores than the control group. This suggests that songwriting can be an effective form of treatment for students experiencing depression, create stronger social connections, and help bolster their social identity.

Rolvjord (2005) described the use of songwriting with a woman suffering from trauma. Treatment goals include emotional expression and identity formation. The client was able to communicate their thoughts and feelings within the music and cope with her situations with the use of songwriting. Songwriting gave her the opportunity to develop resources and participate in music making in and outside of music therapy.

Multiple Music Therapy Methods and Related Disorders

Several authors have described the use of multiple music therapy methods during group music therapy sessions. McFerran-Skewes (2000) reported on the use of improvisation and song communication on adolescents that were grieving a loved one in relation to emotional expression. This clinical study consisted of six bereaved teenagers and took place over ten sessions which lasted one and a half hours. Data was collected through transcripts and in-depth interviews. Clients valued the opportunity to be in control of their development and used this freedom for personal growth and increased self-understanding.

Wen-Ying et al. (1998) investigated the use of song discussion and improvisation on emotional expression in patients with mental illness. Seventy-two participants were randomly assigned to a music therapy group or a control group. Data was measured with the Scale for the Assessment of Negative Symptoms (SANS). Results indicated a significant decrease in the scores of the participants in the music therapy group (experimental condition). SANS scores in comparison to the group receiving no therapy (control condition). These results support the notion that music therapy can be effective in reducing negative symptoms in regards to mental illness as the participants were able to emotionally express themselves more effectively.

Solli and Rolvsjord (2015) conducted a clinical study to evaluate the use of improvisation, playing and singing from songbooks, learning to play instruments, music listening, song-writing, and guided imagery and music on emotional regulation. The study consisted of nine patients currently experiencing psychosis in the study of emotional regulation. Music therapy was experienced as engaging, motivating, and enjoyable by all participants. Music therapy also made participants feel more vital, uplifted, joyful, hopeful, and motivated, and enabled them to become more active participants in their everyday lives.

Gardstrom et al. (2013) explored the impact of group music therapy on patients with co-occurring substance use disorders and mental illness. This clinical study consisted of 20 group music therapy sessions that lasted 45 minutes. Forty-five residents were included in the study with 18 participants completing more than one session. Data was measured through visual analogue scales pre and post session. Music therapy methods included song discussion, vocal and instrumental re-creation for patients with mental illness. Nearly a third of the participants who were involved in the treatment groups reported a decrease in anxiety, sadness, and anger combined.

Gardstrom and Diestelkamp (2013) examined the effect of vocal and instrumental song re-creation, improvisation, and music listening on anxiety, depression, stress and anger among women in a substance abuse rehabilitation program. Fifty-three women were included in the study. Outcomes were measured through self-reported anxiety pre and post test. Results from this pilot study suggest that participation in music therapy decreased perceived anxiety levels.

Preyde et al. (2015) studied the use of group music therapy on adolescents with mental health issues. Music therapy methods included song discussion, vocal and instrumental

re-creation, and improvisation. The study consisted of 72 participants in a mental health unit. Music therapy sessions were held once a week for one hour each. Participants' responses were measured through The Screen for Child Anxiety Related Disorders (SCARED). Results showed that music therapy had a positive influence on group members' level of anxiety, mood, and socially interacting with others.

Flores Gutiérrez and Terán Camarena (2015) conducted a clinical study examining the use of receptive and re-creative methods for people with generalized anxiety disorder. Each participant's anxiety was measured through the Beck Anxiety Inventory pre and post music therapy session. The music therapy treatment consisted of seven people for twelve sessions that each lasted two hours. Results showed a statistically significant reduction of anxiety on patients with generalized anxiety disorder.

Proposed Music Therapy Program

Monte Nido provides eating disorder treatment in varying levels of intensity through its treatment network. Treatment programs include residential treatment, partial hospitalization, intensive outpatient, alumnae services, and virtual programming is offered in New York, Pennsylvania, Massachusetts, Maryland, Georgia, Illinois, and California. This proposal will focus on the addition of a music therapist to the partial hospitalization and intensive outpatient programs at the Manhattan, New York location (Monte Nido, 2020). Music therapy will be available in individual and group settings and will incorporate various music therapy methods. These methods will be individualized in order to best suit the needs of each individual. Table 1 presents a proposed weekly schedule for a music therapist working in an eating disorder treatment facility.

Table 1

Proposed Weekly Schedule

Weekly Schedule					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 AM	Staff Meeting				
9:30 AM	Session Preparation				
10:00 AM	Music and movement group	Individual sessions	Group music therapy	Individual sessions	Group music therapy
10:30 AM					
11:00 AM					
11:30 AM	Documentation		Documentation		Documentation
12:00 PM	Lunch Break				
12:30 PM					
1:00 PM	Psychoeducation music therapy group	Music-assisted relaxation group	Individual sessions	Music-assisted relaxation group	Individual sessions
1:30 PM					
2:00 PM					
2:30 PM	Individual Sessions	Individual Sessions		Individual Sessions	
3:00 PM					
3:30 PM	Session Preparation and Documentation				
4:00 PM					
4:30 PM	Group music therapy				
5:00 PM					

Format

Music therapy can be provided individually or in group sessions. Whether clients are recommended for individual and/or group therapy depends on their individualized goals and clinical needs.

Levels of Music Psychotherapy

Music therapy can happen through four levels of practice. Bruscia (2014) describes level of practice as the “breadth, depth, and significance of the therapy process and the changes accomplished therein, which in turn reflect the level of training needed by the therapist” (p. 205). The level of practice can vary session to session depending on what the client needs in that

moment. Each level is a valid treatment for people with eating disorders. Some clients may need to remain at a more recreational practice, while some clients may be ready to look into their life history and recognize patterns of behavior that affect their eating disorder. The levels of practice in music therapy are auxiliary, supportive, intensive, and primary (Bruscia, 2014).

Psychotherapeutic Music. Music therapy at this level is more recreational than psychotherapy. The client uses music to maintain their own health, enhance personal growth, and self-actualization (Bruscia, 2014). These activities may not be pursued inside the client-therapist relationship. Examples include the personal use of music to reduce stress and anxiety, develop creativity, and to relax (Bruscia, 2014). The music therapist can support clients with eating disorders at this level by encouraging them to utilize their musical resources in a therapeutic manner. This level may be utilized for clients who may be contraindicated for more intensive music therapy.

Supportive Music Psychotherapy. The supportive level of music psychotherapy involves the therapist using music experiences in order to elicit changes in a client. The augmentative level is most commonly used in recovery facilities due to the length of time spent at the facility. The intent at this level is not to alter clients, but to provide stability, build ego strength, improve quality of life, and foster changes in emotional adjustment to negative events (Bruscia, 2014). The augmentative level can be utilized in group music therapy sessions in order to provide experiences for clients to question their cognitive distortions.

Re-educative Music Psychotherapy. The music therapist uses music experiences and the relationships that develop in order to provide clients greater insights about themselves and their lives and how to make changes that are psychologically needed (Bruscia, 2014). Music

psychotherapy at the re-educative level may involve goals such as facilitating self-expressions, problem-solving, facilitating adaptive changes, and gaining insights about self (Bruscia, 2014). Music therapists can utilize this level with clients with eating disorders by providing music experiences that lead to deeper insight about their recovery and how to continue their process. This may be through facilitating opportunities to find adaptive changes in behavior, giving clients the opportunity to express themselves, and control their emotions.

Reconstructive Music Psychotherapy. The reconstructive level of music psychotherapy involves the discovery of the roots and causes of the clients issues and then making the necessary changes within the client (Bruscia, 2014). This level of practice may be contraindicated for clients with eating disorders, especially towards the beginning of recovery. This level requires ego strength and the resilience to rebuild their thoughts and their lives (Bruscia, 2014). This level focuses on “uncovering and working through unconscious material, integrating unconscious material into the conscious, and establishing a new foundation for deriving meaning and fulfillment in life” (Bruscia, 2014, p.238). This is the most intensive level of music psychotherapy and requires a lot of breadth and depth. It also takes a lot of training and experience in regards to the therapist.

Individual Music Therapy

Individual music therapy is indicated for clients who may benefit from one-on-one attention from a therapist and may not be ready to open up to other group members. Individual music therapy might be recommended alongside group therapy in order to work on diverse goals and have their clinical needs met. This will primarily be practiced at the supportive level and possibly the re-educative level.

Group Music Therapy

There is a substantial body of evidence supporting group psychotherapy for clients with eating disorders which may be applicable to group music therapy (Peterson, 2009; Nevonen & Broberg, 2006; Yalom & Leszcz, 2005). Group psychotherapy allows for peer interpersonal feedback, social learning, emotional expression, and group cohesion (Yalom & Leszcz, 2005). Many clients with eating disorders struggle with interpersonal relationships. Group therapy may provide an opportunity to engage and connect with other group members who may also struggle with similar issues. This will also be practiced primarily at the supportive level and possibly the re-educative level.

Adolescents especially can benefit from group music therapy. Group therapy can give adolescents the opportunity to speak with their peers about similar situations they are having and to feel less isolated (Dor-Haim, 2019; Punch, 2015; Uhlig et al., 2018). Group members that have realized that they have similar issues with others, including their eating disorders have been shown to cooperate in treatment and have less overall resistance to therapy. Dor-Haim et al. (2019) stated “adolescents are often ashamed of behaviors that deviate from the norm unless they are in a group with peers with similar problems” (p. 1431). Giving adolescent clients the space to connect and relate to each other may lead to relationships that strengthen the recovery process.

Music Experiences

Receptive

Receptive methods in music therapy engages the client in a listening experience. Clients may respond verbally, nonverbally, or in another modality (Bruscia, 2014). Although the client may not be actively making music does not mean they are passive participants in the music

therapy experience. There are a variety of experiences within receptive methods that may be of benefit for clients with eating disorders. Receptive music therapy methods can be utilized in order to work on core skills outlined in DBT. Distress tolerance can be practiced through being able to listen to music that might make a client uncomfortable. It can also be practiced by using music as a way to tolerate meal time and other stressful events.

Music-Assisted Relaxation. Music-assisted relaxation may be utilized to help clients lower their stress and anxiety levels. Music therapists employ this technique while directing clients' attention away from obsessive or intrusive thoughts (Pasiali et al., 2020). Music-assisted relaxation allows for people with eating disorders "greater awareness of their physical reactions to stress and emotions as well as several options for dealing with anxiety as it arises" (Justice, 1994). Clients may need a structured relaxation session with general language that does not focus on body parts or aspects of themselves that they associate with their eating disorder. Certain techniques such as stretching, deep breathing, progressive muscle relaxation, and focused imagery can also be applied in tandem. Music-assisted relaxation may be utilized after meals in order to ease post-meal anxiety at Monte Nido. It can also be utilized in order to practice the core skill of mindfulness in DBT. Music and mindfulness can go hand in hand and can lead clients into the here-and-now. A music therapist will always consider the needs of the clients and what is required in that moment to make them feel supported, validated, and heard.

Song Discussion. Song discussion can include lyric analysis, focused listening, song communication, and song selection. Song discussion variations may focus on lyrics, melody, instrumentation, rhythm and how each aspect of the music relates to each other. Song discussion may be used to help facilitate clients' thoughts and allow them to express their feelings in words

they are struggling to find (McFerran et al., 2006). Song discussion can provide structure but allow clients to explore their identity and feelings surrounding their eating disorder especially for adolescents. Adolescents with eating disorders tend to relate to the lyrical content of songs. Songs that convey experiences or feelings similar to theirs can help them feel seen and less isolated. Songs can provide them comfort in knowing that someone else was experiencing similar feelings as them (Punch, 2015). Song discussion will be used as a psychotherapeutic technique that serves as a starting point for verbal discussion at Monte Nido. Each music experience will involve the processing of emotions, feelings, and whatever the client may need to process whether the client or therapist brings in the song to a session

Music and Movement. Music and movement involves the client listening to music and expressing whatever comes to their mind. Clients are encouraged to produce movements that are conducive to their environment and will benefit their therapeutic process. Clients with eating disorders may have difficulty regulating their emotions surrounding body image and connecting their body and mind. Music and movement can be used to promote a healthy and intuitive connection between the body and intrusive thoughts that might surface. This method allows the client to listen to what their bodies need from them with intuitive thinking. This may help them with their preoccupation with how they look in the moment. Music and movement would be used in group settings to promote group cohesion and provide support for clients struggling with body distortions and unhealthy mindsets at Monte Nido.

Composition

Compositional methods involve the process of creating music, which may involve melodies, lyrics, instrumentals, completed songs, music videos, or recorded audio projects

(Bruscia, 2014). The amount of musical participation varies on the clients abilities and what they are comfortable contributing. There are two compositional music therapy methods from which clients with eating disorders may find benefit.

Songwriting. Songwriting in music therapy involves the creation or recreation of a song that reflects therapeutic themes that have been present in sessions. Songwriting can encompass creating a brand new song, using a pre-existing song as the starting point, or altering the melodies to make the song more personal. Clients with eating disorders may benefit from therapeutic songwriting in individual and group sessions. Songwriting may facilitate a pathway for clients to share personal information, reaffirm their feelings, and find validation within other group members (McFerran et al., 2006). Songwriting will be used for clients who are ready to explore their feelings and experiences in a less structured format than bringing in a song to discuss at Monte Nido. This gives the client full autonomy over how their experience is interpreted and how it sounds musically.

Song Autobiography. Song autobiography, which is also known as life review or song biography, is a music therapy technique that involves the client identifying songs that have importance to them and reflect their life journey. These songs can be affiliated with life events, accomplishments, hardships, or situations that a client has experienced or is experiencing. These songs can be performed live or narrated and compiled through recorded versions. Song autobiography may be used with people with eating disorders as a way to find their sense of self through a musical lens (Pasiali, 2020). Many people with eating disorders may have songs that they resonate with due to the lyrical content or the emotional tone of the music. Clients will be given the autonomy to select songs which helps facilitate a sense of self awareness of their

identities that people with eating disorders may struggle to find. Song autobiographies would be used in individual or group settings at Monte Nido. Clients will be able to share their musical autobiographies in order to promote group cohesion, while also validating and supporting one another in a group setting. Clients can create song autobiographies as a tangible remembrance of the progress they have made in their recovery in individual sessions. A specific example of the utilization of song autobiography could be when a client is getting discharged from the program and each client can give a song that represents their relationship with that person and will be compiled to be given as a gift to the client getting discharged. This can serve as a reminder of their time in treatment and motivation to continue their journey in recovery.

Clinical Improvisation

Improvisational methods involve the client spontaneously making music, whether that be melodically or rhythmically. This provides the least amount of structure within a music therapy method, giving the client full autonomy on what they are trying to express and how they want to express themselves. Clinical improvisation is the act of improvising within a therapeutic setting. Wigram (2004) defines clinical improvisation as “the use of musical improvisation in an environment of trust and support established to meet the needs of clients” (p. 38). Clinical improvisation can be used in an individual or group setting.

People with eating disorders may struggle with improvisation due to perfectionistic notions of how the music should sound. Clinical improvisation can lead to deep emotional and self expression once the client feels safe and trusts the music therapist. Improvisations can be free flowing and undirected, referential, or non-referential. The amount of structure in an improvisation is determined by what the therapist feels is best for the individual or group

members. Bobilin (2008) states that “because music making is a physical manifestation of one’s emotions and thoughts as they flow through time, music therapy improvisation offers a unique opportunity for clients with eating disorders to gain insight into their emotional state and sense of self” (p. 145). Self-listening, role-playing, drumming, and verbal discussion have been included within clinical improvisation as a way of deepening the understanding of the emotions behind the improvisation. Clinical improvisations can reveal a lot about what is going on with a client. The way a client makes music can share information about their eating disorder and its symptoms. Their improvisation may include a lack of structure, attempts to control the music making by allowing no spaces, and rigidity of either imitating the therapist’s playing or playing in a disengaged manner (Robarts & Sloboda, 1994). Improvisation can work on a myriad of goals which can range from understanding and forming one’s identity, emotional expression, and lessening symptoms of anxiety and depression.

Financial Implications

The proposed budget includes annual and initial expenses. Annual expenses include the salary for a music therapist in New York, estimated benefits, AMTA membership, AMTA conference and travel expenses, and instrument repairs and software updates (see Table 2). In 2020, the average annual salary for a full-time music therapist in New York was \$66,548 (AMTA, 2020c). A membership in the AMTA is beneficial for music therapists for numerous reasons. Membership includes access to scholarly research, continuing education courses, professional conferences, and a professional network of other music therapists to gain insight from. Initial expenses will be a one-time purchase in order to develop a music therapy program

(see Table 3). It is imperative in order to provide clients the most effective and individualized care.

Table 2

Annual Expenses

Item	Cost
Salary (68.4%) Derived from https://dhhs.ne.gov/licensure/Credentialing%20Review%20Docs/CRMTAMTA2020WorkforceAnalysis.pdf	\$66,548
Estimated Benefits (31.6%) Derived from https://www.bls.gov/news.release/pdf/ecec.pdf	\$30,744
AMTA Membership Derived from https://netforum.avectra.com/eweb/shopping/shopping.aspx?site=amta2&cart=0&shopsearch=&shopsearchCat=Membership&	\$250
AMTA Conference & travel fees Derived from https://www.musictherapy.org/events/amta_2020_conference/#Conference%20Policies	\$350- Early Conference Registration \$556.20- Gas Mileage \$400- Hotel Costs for two nights
Instrument Repair and Software Updates	\$500
Total Annual Fees	\$99,348.20

Table 3

Initial Expenses

Item	Cost
Digital Piano Casio WK-6600 76-Key Portable Keyboard	\$299.00
Keyboard Accessories On-Stage KPK6520 Keyboard Stand/Bench Pack with Sustain Pedal	\$64.95

Acoustic-Electric Guitar Martin GPC Special Koa X Series Grand Performance	\$599.99
Guitar Strap Perri's 2" Nylon Guitar Strap Black	\$3.99
Guitar Capo Dunlop Trigger Curved Guitar Capo	\$14.99
Guitar Picks Fender 351 Standard Guitar Picks	\$3.99
Recording Studio Pack Focusrite Scarlett Solo Studio Pack-Solo USB audio interface, condenser microphone, 3-meter XLR microphone cable, closed-back headphones and free software	\$219.99
Ipad 10.2 inch iPad Wi-Fi 128 GB Derived from https://www.apple.com/shop/buy-ipad/ipad-10-2/128gb-space-gray-wifi	\$429
Bluetooth Speaker Anker Soundcore Bluetooth Speaker with IPX5 Waterproof Derived from https://www.amazon.com/Anker-SoundCore-Playtime-Bluetooth-Portable/dp/B016XTADG2/ref=sr_1_11?dclid=1&keywords=speaker&qid=1610653744&sr=8-11&th=1	\$27.99
Frame Drum Remo Fiberskyn Frame Drum Walnut 2.5x14	\$27.95
Bongos Tunable Bongo Set with carrying bag and tuning wrench	\$64.99

Ocean Drum Remo Ocean Drum Fish Heads 2.5 In x 12 In	\$51.99
Meinl Essential Perc Pack 10" wood tambourine, Turbo Cabasa, 5" Headliner cowbell and wooden cowbell beater, and a pair of classic hardwood claves, and a Luis Conte double live shaker.	\$69.99
Egg Shakers Meinl 4-Piece Egg Shaker Set with Soft to Extra Loud Volumes	\$8.99
Djembe Set Toca Freestyle ColorSound Djembe Set of 7 7 in	\$249.99
Xylophone Set Lyons 6-piece Orff Instrument Set	\$1699.99
Chimes Rhythm Tech RT8100 Bar Chimes	\$84.99
Chimes Stand Meinl Chimes Stand Chrome	\$99.99
Total Initial Fees	\$4,022.76

Note. All prices are derived from www.guitarcenter.com unless otherwise specified.

Larger Agency/Facility Context

Monte Nido Eating Disorder Center provides several levels of treatment for eating disorders including residential, partial hospitalization, intensive outpatient, and alumnae services at locations throughout the United States. The long term goal is to provide music therapy at all locations within the Monte Nido network.

Music therapists are trained to work with an interdisciplinary team and work collaboratively to assess each client's emotional well being, physical health, social abilities, communication abilities, and cognitive skills through musical responses (AMTA, 2006). The goal of implementing music therapy is to enhance the quality level of treatment that Monte Nido strives to provide. Music therapists can collaborate with other treatment team members in order to provide a well-rounded level of care.

Monte Nido emphasizes the importance of restoring physiological and nutritional balance, implementing healthy eating and exercise routines, eliminating destructive behaviors, and developing motivation for treatment engagement (Monte Nido, 2020). Music therapists can collaborate with each staff member in order to understand every aspect of treatment. The music therapist will also closely work with the primary therapist and keep each other informed about the clients work in each prospective therapy. The overarching goal for each staff member is to create a space for the client to understand how their eating disorder is impacting their life. Incorporating music therapy into these programs will allow for another facet of resources and support for each client as they engage in the recovery process.

Outcomes and Assessment

The music therapist will follow established protocols that adheres to the standards that Monte Nido has set in regards to clients and their therapeutic progress. The music therapist will provide documentation regarding clients and their progress in sessions as well as work together with other therapists and medical professionals. Procedure in facilities such as Monte Nido include referrals, assessments, treatment plans, documentation, session notes, termination reports, and interdisciplinary supervision.

Documentation

Clinical documentation refers to any information that is used to describe the care that each client is receiving. This information is used to assist in treatment and aid in communication between professionals (Waldon, 2016).

Referral

Referrals can be made by staff members on the treatment team, which includes clinical and medical staff. Referrals may be completed electronically or through a pre-made referral form. The referral form will include background information on the client, reasons for the referral, and additional comment/concerns that the music therapist should know prior to assessment. A sample referral form can be found in Appendix D.

Assessment

Initial assessments will be conducted in the first session with a client. The music therapist will provide music experiences that assess the client's strengths, weaknesses, and resources. If the client seems suitable for individual music therapy after the initial session, the music therapist will begin to create a treatment plan for the client. A sample assessment form can be found in Appendix E.

Treatment Plan

Treatment plans will be designed with the client's individualized goals in mind. The treatment plan will consist of an assessment summary, goals and objectives, and progress that has been made through every session.

Session Notes

Session notes will be documented after each session in order to track the progress of each client. These notes will include progress towards the clients goals and what music experiences were used in order to reach those goals.

Termination Report

The music therapist will complete a termination report which highlights the progress and goals that the client had worked on in music therapy. The music therapist will also make recommendations and referrals to other music therapists if the client may benefit from continued treatment. This is to ensure the progress and maintenance in recovery, whether they are discontinuing treatment, seeking out a new therapist, or transferring to another level of treatment.

Evaluation of Services

Program evaluations will occur annually in order to ensure the efficacy of the program and what needs to be improved. Clients will have an opportunity to fill out a survey before they are discharged from the program in order to collect client feedback. The music therapist will be responsible for compiling the evaluations and reporting back to the treatment team on how to make the program more effective. A sample participant survey can be found in Appendix I.

Conclusion

There is a promising amount of research dedicated to highlighting the benefits of music therapy for clients with eating disorders. Music therapy has been found to reduce depression and anxiety (Bibb et al., 2015; Bibb et al., 2019), allow opportunities for emotional expression (Loth, 2002; McFerran et al., 2006; Roberts & Sloboda, 1994), facilitate clients ability to create an identity (Loth, 2002; McFerran et al., 2006; Pasiali et al., 2020), regulate emotions (Trondalen,

2003), create a healthy connection within the body and mind (Lejonclou & Trondalen, 2009), and has empowered people with eating disorders to have autonomy in their life (Punch, 2015). These are all important aspects for a person with an eating disorder. The implementation of music therapy would allow for a more well-rounded approach to eating disorder treatment. Allowing clients to connect within a creative outlet can be effective for clients with eating disorders.

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Appendix A

Summary of Research Findings

Table 4

Objectivist/Quantitative Research Related to Music Therapy and Eating Disorders

Author, Year	Research Design	MT Method	Outcome Measure	Results
Bibb et al., 2019	Case Control Study	Group Music Therapy	Subjective Units of Distress Scale: Pre/Post test.	There was a high statistical difference in anxiety between pre and post test.
Bibb et al., 2015	Case Control Study	Group Music Therapy	Subjective Units of Distress Scale: Pre/Post test.	Music therapy is a more effective intervention for reducing post meal support therapy.

Table 5

Objectivist/Quantitative Research Related to Music Therapy

Author, Year	Research Design	Diagnosis	MT Method	Outcome Measure	Results
Beck et al., 2018	Randomized Controlled Trial	Post Traumatic Stress Disorder (PTSD)	Guided Imagery	Harvard Trauma Questionnaire	Guided imagery and music may result in significant changes in trauma symptoms, well-being, and sleep patterns, which relate to emotional regulation and connection to the body and mind.
Uhlig et al., 2018	Randomized Controlled Trial	At risk adolescents	Music and Rap	Standardized tests	Results showed that there was a significant

					difference between groups in regards to well-being, self esteem, and emotion regulation. It was reported that group members involved in music therapy were less likely to engage in problem behaviors as the control group.
Wen-Ying et al., 1998	Randomized Controlled Trial	Mental Illness	Music listening, musical improvisation	Scale for the Assessment of Negative Symptoms (SANS)	Most patients had shown improvement in negative symptoms
Flores Gutiérrez and Terán Camarena, 2015	Case Control Study	Generalized Anxiety Disorder (GAD)	Breathing exercises, tension-relaxation techniques, psycho-education, vocal recreation and instrumental recreation	Beck Anxiety Inventory (BAI)	Music therapy was effective in reducing anxiety and depression levels in GAD patients.

Gee et al., 2019	Randomized Controlled Trial	University students with mental health issues	Songwriting	Hospital Anxiety and Depression Scales (HADS-D, HADS-A), The Four-Item Measure of Social Identification (FISI), the Social Phobia Inventory (SPIN), and the Meaningfulness of Songwriting (MSS)	Results showed that the songwriting group had significantly lower scores in depression (HADS-D) and higher scores in their social connections (FISI) scores than the control group.
Gardstrom et al., 2013	Case Control Study	Mental Illness	Song discussion, vocal and instrumental recreation, and vocal improvisation	Visual analogue scales	Nearly a third of the participants who were involved in the treatment groups reported a decrease in anxiety, sadness, and anger combined, with more than half of the responses in each of these three emotional states indicating a decrease
Gardstrom and Diestelkamp, 2013	Case Control Study	Substance Use Disorder	Group Music therapy	A written survey, comprising two identical	Perceived anxiety levels decreased post session.

				7-point visual scales, pre and post tests.	
Preyde et al., 2015	Case Control Study	Mental Illness	Group Music Therapy	The Screen for Child Anxiety Related Disorders	Music therapy had a positive influence on group members' level of anxiety and mood.

Table 6*Interpretivist/Qualitative Research related to Music Therapy and Eating Disorders*

Author, Year	Research Design	MT Method	Outcome Measure	Results
McFerran et al., 2006	Cohort Study	Thematic analysis	Lyrical themes	Results suggest that music therapy can have a role in the long-term treatment of adolescents with anorexia nervosa.
Heiderscheit, 2015	Case Report	Bonny Method of Guided Imagery	Transcripts	Client felt empowered and was able to deal with her trauma
Heiderscheit and Madson, 2015	Case Report	Therapeutic Playlist	Depression continuum	While it did not cure her depression, music therapy was helpful in her mood management during the medication switch.
Hilliard, 2001	Case Report	Music assisted relaxation, music and movement and unguided music imaging	Observation	Patients reported therapeutic success.

Justice, 1994	Case Series	Progressive muscle relaxation, breathing exercises, directed imagery, music and movement, handbells and choir chimes, and singing.	Observation	Results are inconclusive.
Lejonclou and Trandalen, 2009	Case Report	Music and Movement, songwriting, and improvisation	Themes from sessions	New-found self confidence and were able to link positive feelings towards their bodies.
Loth, 2002	Case Report	Group Music Therapy	Observation	Music therapy served as a way for group members to express themselves and their feelings.
Robarts and Sloboda, 1994	Case Reports	Musical Improvisation	Observation	Patients had a more comfortable relationship with their bodies and learned how to express themselves creatively.
Pasiali et al., 2020	Case Series	Clinical Improvisation, song autobiography, song discussion, song writing, music-assisted relaxation and imagery, bonny method of	Observation	Results suggested that these methods had a significant reduction in clients' anxiety, allowed clients to express themselves, provided emotional support, and facilitated opportunities for clients to challenge their negative thinking.

		guided imagery.		
Punch, 2015	Case Series	Song Discussion	Observation	The client was able to use the music from a session as a resource for coping.
Sloboda, 1993	Case Report	Improvisation	Observation	Client was able to identify their feelings express themselves in and out of the music
Trondalen, 2003	Case Report	Improvisation	Observation and Interview	Results showed that music therapy, specifically self-listening through improvisation, aided the client in emotional regulation

Table 7*Interpretivist/Qualitative Research related to Music Therapy*

Author, Year	Research Design	Diagnosis	MT Method	Outcome Measure	Results
McFerran-Skewes, 2000	Case Control Study	Bereavement	Improvisation and Song Sharing	Interviews and transcripts	Clients valued the opportunity to be in control of their development and used this freedom for personal growth and increased self understanding.
Solli and Rolvsjord, 2015	Case Control Study	Clients experiencing psychosis	Improvisation ,playing and singing from	Interviews	Music therapy was experienced as engaging,

			song-books, learning to play instruments, music listening, song-writing, and guided imagery and music		motivating, and enjoyable by all participants. Music therapy also made them feel more vital, uplifted, joyful, hopeful, and motivated, and enabled them to become more active participants in their everyday lives.
Rolvsjord, 2005	Case Report	Women with trauma	Songwriting	Songs	The client was able to express their emotions and needs.
Summer, 2010	Case Report	Depression, OCD	Bonny Method of Guided Imagery	Observation	The client was eventually able to get in touch with positive feelings and confront his parents' abuse, and recognize his depressive symptoms and how to handle them when they resurface.

Appendix B

Proposed Weekly Schedule

Weekly Schedule					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 AM	Staff Meeting				
9:30 AM	Session Preparation				
10:00 AM	Music and movement group	Individual sessions	Group music therapy	Individual sessions	Group music therapy
10:30 AM					
11:00 AM					
11:30 AM	Documentation		Documentation		Documentation
12:00 PM	Lunch Break				
12:30 PM					
1:00 PM	Psychoeducation music therapy group	Music-assisted relaxation group	Individual sessions	Music-assisted relaxation group	Individual sessions
1:30 PM					
2:00 PM					
2:30 PM	Individual Sessions	Individual Sessions		Individual Sessions	
3:00 PM					
3:30 PM	Session Preparation and Documentation				
4:00 PM					
4:30 PM	Group music therapy				
5:00 PM					

Appendix C

Proposed Budget

<i>Annual Expenses</i>	
Item	Cost
Salary (68.4%) Derived from https://dhhs.ne.gov/licensure/Credentialing%20Review%20Docs/CRMTAMTA2020WorkforceAnalysis.pdf	\$66,548
Estimated Benefits (31.6%) Derived from https://www.bls.gov/news.release/pdf/ecec.pdf	\$30,744
AMTA Membership Derived from https://netforum.avectra.com/eweb/shopping/shopping.aspx?site=amta2&cart=0&shopsearch=&shopsearchCat=Membership&	\$250
AMTA Conference & travel fees Derived from https://www.musictherapy.org/events/amta_2020_conference/#Conference%20Policies	\$350- Early Conference Registration \$556.20- Gas Mileage \$400- Hotel Costs for two nights
Instrument Repair and Software Updates	\$500
Total Annual Fees	\$99,348.20

Initial Expenses

Item	Cost
Digital Piano Casio WK-6600 76-Key Portable Keyboard	\$299.00
Keyboard Accessories On-Stage KPK6520 Keyboard Stand/Bench Pack with Sustain Pedal	\$64.95

Acoustic-Electric Guitar Martin GPC Special Koa X Series Grand Performance	\$599.99
Guitar Strap Perri's 2" Nylon Guitar Strap Black	\$3.99
Guitar Capo Dunlop Trigger Curved Guitar Capo	\$14.99
Guitar Picks Fender 351 Standard Guitar Picks	\$3.99
Recording Studio Pack Focusrite Scarlett Solo Studio Pack-Solo USB audio interface, condenser microphone, 3-meter XLR microphone cable, closed-back headphones and free software	\$219.99
Ipad 10.2 inch iPad Wi-Fi 128 GB Derived from https://www.apple.com/shop/buy-ipad/ipad-10-2/128gb-space-gray-wifi	\$429
Bluetooth Speaker Anker Soundcore Bluetooth Speaker with IPX5 Waterproof Derived from https://www.amazon.com/Anker-SoundCore-Playtime-Bluetooth-Portable/dp/B016XTADG2/ref=sr_1_11?dch-ild=1&keywords=speaker&qid=1610653744&sr=8-11&th=1	\$27.99
Frame Drum Remo Fiberskyn Frame Drum Walnut 2.5x14	\$27.95
Bongos Tunable Bongo Set with carrying bag and tuning wrench	\$64.99
Ocean Drum Remo Ocean Drum Fish Heads 2.5 In x 12 In	\$51.99

Meinl Essential Perc Pack 10" wood tambourine, Turbo Cabasa, 5" Headliner cowbell and wooden cowbell beater, and a pair of classic hardwood claves, and a Luis Conte double live shaker.	\$69.99
Egg Shakers Meinl 4-Piece Egg Shaker Set with Soft to Extra Loud Volumes	\$8.99
Djembe Set Toca Freestyle ColorSound Djembe Set of 7 7 in	\$249.99
Xylophone Set Lyons 6-piece Orff Instrument Set	\$1699.99
Chimes Rhythm Tech RT8100 Bar Chimes	\$84.99
Chimes Stand Meinl Chimes Stand Chrome	\$99.99
Total Initial Fees	\$4,022.76

Note. All prices are derived from www.guitarcenter.com unless otherwise specified.

Appendix D

Music Therapy Referral Form

Date: _____

Date of Birth: _____

Client Name: _____

Date of Admission: _____

Diagnoses: _____

Reason for Referral: _____

Additional Comments/Concerns: _____

Referred By: _____

Contact Information : _____

Appendix E

Music Therapy Assessment Form

Name: _____

Date of Birth: _____

Diagnoses: _____

Program: _____

Assessment Date: _____

Therapeutic Rehabilitation Assessment:

Leisure or Meaningful Activities: _____

Client Self Report of Personal Strengths: _____

Patient Self Report of Personal Limitations: _____

Previous Experiences of Group Therapy/Treatment: _____

Patient Self Reported Hospital Goal: _____

Patient Self Reported Long Term Goal: _____

Social Interaction

Pleasant/Cooperative with Staff: 1 2 3 4

Interacts Effectively with Peers: 1 2 3 4

Awareness of Personal Boundaries: 1 2 3 4

Revolves conflict effectively: 1 2 3 4

Follows directions: 1 2 3 4

Average Score: _____

Communication Skills/Thought Processes:

Exhibits Full Range Affect: 1 2 3 4

Ability to Express Needs, Thoughts, and Feelings: 1 2 3 4

Communicates in Organized and Concise Manner: 1 2 3 4

Demonstrates Reality Based Thinking: 1 2 3 4

Average Score: _____

Understanding of Illness/Recovery

Acknowledges/Accepts Illness and Need for Treatment: 1 2 3 4

Complies with Treatment Regimen: 1 2 3 4

Recognizes Early Warning Signs and Symptoms of Relapse: 1 2 3 4

Demonstrates Motivation and Readiness for Recovery Process: 1 2 3 4

Exhibits Self Awareness: 1 2 3 4

Exhibits Healthy Self Esteem: 1 2 3 4

Stages of Readiness for Change:

(1)Pre-Contemplative (2)Contemplative (3)Preparation (4)Action

Average Score: _____

Treatment Recommendations:

Therapist Signature: _____

Date: _____

Appendix F

Music Assessment Tool (MAT)

Adapted from Chlan & Heiderscheit, 2009

Background Information:

Name: _____

Age: _____

Date of admission: _____

Diagnoses: _____

Personal Pronouns: _____

Current mood state: _____

Prior significant events to admission: _____

Current mood state: _____

Part I: Client Assessment

1. **Do you like to listen to music?** Yes No

2. **Do you play any instruments?** Yes No

If yes, what do you play?

3. **Are you a professional musician?** Yes No

4. **Would you consider music a hobby for you?** Yes No

5. **When do you like to listen to music? (Check all that apply)**

- relaxation stress reductions during work
- pure enjoyment to pass time during meals
- with family and friends for prayer with exercise

Other: _____

6. What types of music do you enjoy? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pop Music | <input type="checkbox"/> Religious | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Rhythm & Blues(R&B) | <input type="checkbox"/> Country | <input type="checkbox"/> Hip Hop |
| <input type="checkbox"/> Reggae | <input type="checkbox"/> Jazz | <input type="checkbox"/> Rap |
| <input type="checkbox"/> New Age | <input type="checkbox"/> World Music | <input type="checkbox"/> Classical |
| <input type="checkbox"/> Alternative Rock | <input type="checkbox"/> Electronic | <input type="checkbox"/> Musical Theatre |
| <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Singer-Songwriter | <input type="checkbox"/> Folk |
| <input type="checkbox"/> Other | <input type="checkbox"/> Trance | |
-

7. Any particular group(s) or artist(s) you prefer?

8. What instrumental sounds do you like? (Check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Orchestral | <input type="checkbox"/> Harp | <input type="checkbox"/> Classical Guitar |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Flute | <input type="checkbox"/> Folk Guitar |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Saxophone | <input type="checkbox"/> Percussion/Drums |
| <input type="checkbox"/> Brass or horns | <input type="checkbox"/> Clarinet | <input type="checkbox"/> World Instruments |
| <input type="checkbox"/> Oboe | <input type="checkbox"/> Ocean Waves | <input type="checkbox"/> Environmental Sounds |
| <input type="checkbox"/> Other: | <hr/> | |

9. Are there any types of music you DO NOT like?

10. Are there any groups or artists you DO NOT like?

11. Are there any instruments or instrumental sounds that you DO NOT like?

12. Are there any cultural considerations or is culture an important aspect to your musical selection?

13. Any other information you would like to share?

Appendix G

Participant Evaluation Form

Check the box that describes your feelings about your experience in music therapy

- 1 - Not at all
- 2 - Rarely
- 3 - Uncertain
- 4 - Sometimes
- 5 - Always

	1	2	3	4	5
1. I felt supported in music therapy sessions	<input type="checkbox"/>				
2. I enjoyed being in music therapy	<input type="checkbox"/>				
3. I felt empowered and validated in music therapy	<input type="checkbox"/>				
4. Music therapy helped me express my emotions	<input type="checkbox"/>				
5. Music therapy helped me cope with my anxiety	<input type="checkbox"/>				
6. Music therapy helped me cope with my depression	<input type="checkbox"/>				
7. I felt comfortable participating in group music therapy	<input type="checkbox"/>				
8. I had a say in what happened during music therapy	<input type="checkbox"/>				
9. Music therapy helped me cope with my eating disorder thoughts	<input type="checkbox"/>				
10. Music therapy helped me cope with my eating disorder behaviors	<input type="checkbox"/>				
11. Music therapy helped me focus on my needs	<input type="checkbox"/>				
12. Overall, music therapy was beneficial	<input type="checkbox"/>				

What could have made your experience in music therapy better?

What will you take away from your time in music therapy?

Please share anything that you feel we should know about your experience

Thank you for your participation in this survey!

Please return to the music therapist

Appendix H

Music Therapy Fact Sheet

What is music therapy?

Music therapy is a collaborative therapeutic process where music is used by the music therapist and client to meet the goals of the client. Music therapy can be held in individual and group sessions. Prior musical experience is not required in order to participate in music therapy.

Who can benefit from music therapy?

Anyone can benefit from music therapy! Whether you have just begun the recovery process, or have been in recovery for a while, music therapy can help aid in your therapeutic journey.

“Music therapy for clients with mental health concerns uses musical interaction as a means of communication and expression. The aim of therapy is to help individuals develop relationships and address issues they may not be able to address using words alone. Music therapy sessions include the use of active music making, music listening, and discussion” (AMTA, 2006, p.1).

What is a music therapist?

A music therapist is a licensed and credentialed professional who has completed their training with an accredited affiliation and has passed the Certification Board for Music Therapists (CBMT). A music therapist must possess their Music Therapist-Board Certified (MT-BC). For specific locations such as New York, a music therapist must also have their Licensure for Creative Arts Therapists (LCAT).

Common goals:

- Reduce anxiety
- Empowerment
- Aid in self identity
- Self-esteem
- Promote self expression and self awareness
- Explore the relationship between food, thoughts, and behaviors
- Promote positive body image

Common methods used in music therapy sessions:

- Songwriting
- Improvisation
- Song Analysis
- Music assisted relaxation

Typical 1 hour session:

- 1) Musical check in
- 2) 2-3 music experiences
- 3) Musical reflection
- 4) Closure

Reference

American Music Therapy Association. (2020b). Music therapy with specific populations. <https://www.musictherapy.org/research/factsheets/>

Appendix I
Resume
Jenna Wallace

Email address: wallacej2@hawkmil.newpaltz.edu

EDUCATION

State University of New York at New Paltz

Masters of Science in Music Therapy - Class of 2021

State University of New York at New Paltz

Bachelors of Science in Music - Class of 2019

WORK EXPERIENCE

Independent Support Services, Melville, New York - Direct Support Professional

August 2015 – Present

- Worked with adults that have intellectual and physical disabilities
- Facilitated their schedules and assisted them in their daily living activities

MUSIC THERAPY EXPERIENCE:

Spring 2021

Daniel Walsh at Kings County Hospital- Internship

Population: Inpatient Psychiatry

- Co-led and led group sessions
- Led individual sessions
- Completed assessment and evaluations on patients

Fall 2020

Megan Calabro at Goryeb Children's Hospital- Virtual- Fieldwork II

- Created mindfulness and relaxation resources for children that are being discharged from the hospital and their parents

Spring 2020: January 28-March 1st

Emily Autrey at *Elizabeth Seton Children's Center*, Yonkers, New York- Fieldwork II

- Co-led and led individual sessions

Summer 2019

Lauren Klimek and Kaitlyn Kelly at *Camp Good Grief* - Volunteer

Population: Bereavement with children and adolescents

Fall 2019

Eleanor Dennis at *The Greens at Greenwich*, Greenwich, Connecticut- Fieldwork I Student

Population: Older Adults diagnosed with dementia

- Lead and co-led group music therapy sessions
- Lead individual sessions

Fall 2018

Rick Soshensky at *Hudson Valley Creative Arts Therapy Studio*, Kingston, New York- Practicum Student

Population: Adults with developmental disabilities

- Co-led Music therapy sessions
- Created goals and treatment plans with supervision
- Co-led group sessions for a week
- Implemented various music therapy techniques and methods

Summer 2017 / 2018

Lauren Klimek and Kate Glathar at *In His Steps Studio*, Bayshore, New York- Volunteer

Population: Children with developmental disabilities

- Shadowed the Music therapists as they treated and assessed the clients needs
- Co-created a safe environment to ensure safe and productive sessions
- Assisted the clients with instruments.